

## CERTIFICATION OF CASH MATCH

**Applicant Agency:**

**Project Title:**

## INSTRUCTIONS

1. The purpose of this form is to identify the amount of cash to be contributed as matching contributions and to assure that the match in question conforms to definition and standards established by the federal government.
2. Under **Source of Matching Funds**, list the name and address of the contributing organization.
3. Show the total amount of the cash contribution under **Amount**.
4. These funds must be identified in state or local agency budgets or appropriations and must be in addition to funds that would otherwise be made available for drug law enforcement. Identification requires an earmarking in some document associated with the appropriation or budget process.
5. If a further explanation of allowable and unallowable match is needed, contact the Missouri Department of Public Safety.

The designated cash match appearing with this application represents funds, which are in addition to funds that would otherwise be made for criminal justice purposes.

SOURCE OF MATCHING FUNDS	AMOUNT
Total Cash Contribution	\$

**The Signature below, by the Applicant Authorized Official, certifies that all matching funds identified in this application are in accordance with the Missouri Department of Public Safety Guidelines.**

**Applicant Authorized Official Signature**

Date \_\_\_\_\_

**\*ATTACH ADDITIONAL FORMS AS NEEDED**